

EXHIBIT O

**DECLARATION OF JOHN ST. CROIX IN SUPPORT OF DEFENDANTS'
OPPOSITION TO MOTION FOR PRELIMINARY INJUNCTION**

Amendment to Campaign Disclosure Statement

Type or print in ink

AMENDMENT

Date Stamp FILED FEB 25 AM 8:54 SAN FRANCISCO ETHICS COMMISSION	For Official Use Only 405
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This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 10, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement being amended.

II Amendment Information

Name of Filer (See Important Information on reverse.)

NAME OF FILER Committee on JOBS Candidate Advocacy Fund	LD. NUMBER (IF APPLICABLE) 990831
MAILING ADDRESS OF FILER (NO. AND STREET) 235 Montgomery Street, Suite 1018	
CITY San Francisco	STATE CA
AREA CODE/DAYTIME PHONE NUMBER (415) 956-9966	ZIP CODE 94104
NAME OF TREASURER IF RECIPIENT COMMITTEE Mark Mosher	
PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET) 235 Montgomery Street, Suite 1018	
CITY San Francisco	STATE CA
AREA CODE/DAYTIME PHONE NUMBER (415) 956-9966	ZIP CODE 94104

A. The following information amends campaign disclosure statement, Form No. 420.

executed on 1/10/00 for the period 1/1/99 through 12/31/99
(MO, DAY, YR.) (MO, DAY, YR.)

B. The amended information affects items on the:

☒ Cover Page ☐ Allocation Page ☒ Summary Page
☒ Schedule(s) A and F ☐ Part(s)

C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification. Include additional information on appropriately labeled continuation sheets. (Number of sheets attached 3.)

1. Include signature of responsible officer.
2. Add to Schedule A I.D. #840409 to PG&E Employees State/Local PAC contribution on 9/27/99.
3. Amend donors of contribution to Fund on Schedule A.
4. Add accrued expenses on Schedule F.

III Verification (See Important Information on reverse.)

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2-24-00 At San Francisco, CA
DATE CITY AND STATE

By Mark Mosher
SIGNATURE OF TREASURER OR FILER

Office holder, candidate, state measure proponent, or sponsored committee responsible officer verification: I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2-24-00 At San Francisco, CA
DATE CITY AND STATE

By [Signature]
SIGNATURE OF OFFICERHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF OFFICERHOLDER, CANDIDATE, OR PROPONENT

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF OFFICERHOLDER, CANDIDATE, OR PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

Recipient Committee Summary Page

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 1/1/99
through 12/31/99

Page 2 of 4

I.D. NUMBER
990831

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Committee on JOBS Candidate Advocacy Fund

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3 \$ 170,284.00		\$ 170,284.00
2. Loans Received	Schedule B, Line 7 -0-		-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 170,284.00		\$ 170,284.00
4. Non-monetary Contributions	Schedule C, Line 3 -0-		-0-
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4 \$ 170,284.00		\$ 170,284.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7 -0-		-0-
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6 \$ 170,284.00		\$ 170,284.00

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5 \$ 140,388.56		\$ 140,388.56
9. Loans Made	Schedule H, Line 7 -0-		-0-
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9 \$ 140,388.56		\$ 140,388.56
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5 2,051.25		2,051.25
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11 \$ 142,439.81		\$ 142,439.81

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17 \$ -0-		
14. Cash Receipts	Column A, Line 3 above 170,284.00		
15. Miscellaneous Increases to Cash	Schedule I, Line 4 -0-		
16. Cash Payments	Column A, Line 10 above 140,388.56		
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16 \$ 29,895.44		
If this is a termination statement, Line 17 must be zero.			

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b) \$ -0-	21. Contributions Received	1/1 through 6/30 \$ N/A	7/1 to Date N/A
Cash Equivalents and Outstanding Debts		22. Expenditures Made	\$ N/A	\$ N/A
19. Cash Equivalents	See Instructions on reverse \$ -0-			
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above \$ 2,051.25			

Summary for Non-Controlled Committees Primarily Formed to Support or Oppose Candidates in Both June and November Elections

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

CORRECTION TO SCHEDULE A

Date Received	Full Name & Address of Contributor	Occupation and Employer	Amount Received This Period	Cumulative to Date Calendar Year	Cumulative to Date Other (if applicable)
7/20/99	Donald G. Fisher & Doris F. Fisher Community Property c/o PISCES, Inc. One Maritime Plaza Suite 1300 San Francisco, CA 94111	Donald G. Fisher Chairman GAP, Inc. Doris F. Fisher Merchandise Consultant GAP, Inc.	\$10,000	\$10,000	
8/17/99	F. Warren Hellman Hellman Family Revocable Trust One Maritime Plaza Suite 1200 San Francisco, CA 94111	Chairman Hellman & Friedman LLC	\$4,213	\$4,213	

Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE	Statement covers period from <u>1/1/99</u> through <u>12/31/99</u>	CALIFORNIA 1994 FORM 420
NAME OF COMMITTEE	Committee on JOBS Candidate Advocacy Fund	Page <u>4</u> of <u>4</u> I.D. NUMBER 990831

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
 "I" -- INDEPENDENT EXPENDITURES
 "L" -- LITERATURE
 "B" -- BROADCAST ADVERTISING
 "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
 "O" -- OUTSIDE ADVERTISING
 "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
 "F" -- FUNDRAISING EVENTS

"G" -- GENERAL OPERATIONS AND OVERHEAD
 "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
 "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)		IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.	
CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
		Salaries for accounting and general services	\$1,670.00
		Legal services	\$ 381.25

Attach additional information on appropriately labeled continuation sheets.

Accrued Expenses Summary

1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.)	\$ 2,051.25
2. Accrued expenses this period of under \$100. (Do not itemize.)	\$ -0-
3. Total accrued expenses incurred this period. (Add Lines 1 and 2.)	INCURRED TOTAL \$ 2,051.25
4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.)	PAID TOTAL \$ (-0-)
5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.)	NET \$ 2,051.25

May be a negative number.

Recipient Committee Campaign Statement — Long Form (Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement
☐ Special Odd-year Campaign Report
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this Statement.)
☐ Termination Statement (Attach a completed Form 415 to this statement.)

☒ Semi-annual Statement

I Committee Information

NAME OF COMMITTEE

Committee on JOBS Candidate Advocacy Fund

ADDRESS OF COMMITTEE (NO. AND STREET)		ID. NUMBER
235 Montgomery Street, Suite 1018		990831
CITY	STATE	ZIP CODE
San Francisco	CA	94104
NAME OF TREASURER		AREA CODE/DAYTIME PHONE
Mark Mosher		415-956-9966
PERMANENT ADDRESS OF TREASURER (NO. AND STREET)		
235 Montgomery Street, Suite 1018		
CITY	STATE	ZIP CODE
San Francisco	CA	94104
		AREA CODE/DAYTIME PHONE
		415-956-9966

(Check Boxes) See definitions and important information on reverse.

Is this a sponsored committee? ☒ Yes ☐ No

Is this a broad based political committee? ☐ Yes ☒ No

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/10/2000 At San Francisco, CA
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

By Mark Mosher SIGNATURE OF TREASURER

By _____ SIGNATURE OF RESPONSIBLE OFFICER OF SPONSOR, IF REQUIRED

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

COVER PAGE - LONG FORM

Statement covers period from <u>1/1/99</u> through <u>12/31/99</u>	FILED JAN 11 AM 10:42 SAN FRANCISCO THIRD COMMISSION	Date Stamp
Date of election if applicable (Month, Day, Year) <u>BY</u>		

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For Official Use Only

P 1/10

II Primarily Formed Committee (See definition on reverse) List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF CANDIDATE(S) OR OFFICEHOLDER(S)	OFFICE SOUGHT OR HELD	CHECK ONE SUPPORTING OR OPPOSING

Attach additional information on appropriately labeled continuation sheet

Recipient Committee Allocation Page

Type or print in Ink.
Amounts may be rounded
to whole dollars.

ALLOCATION /

Statement covers period

from 1/1/99

through 12/31/99

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Committee on JOBS Candidate Advocacy Fund

Page 2 of 9

I.D. NUMBER

990831

List contributions and independent expenditures that total \$100 or more made to support or oppose officeholders, candidates, ballot measures, or committees.

DATE	NAME OF OFFICEHOLDER OR CANDIDATE AND OFFICE, OR NAME OF MEASURE AND BALLOT NUMBER OR LETTER, OR NAME OF COMMITTEE IF OTHER THAN OFFICEHOLDER, CANDIDATE, OR MEASURE COMMITTEE	CHECK ONE SUPPORT OPPOSE	IND. EXP.	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/22/99	San Franciscans for Sensible Government Political Action Committee	X		\$ 30,700.00	\$ 30,700.00	
10/5/99	San Franciscans for Sensible Government Political Action Committee	X		\$ 5,900.00	\$ 5,900.00	
11/29/99	San Franciscans for Sensible Government Political Action Committee	X		\$100,000.00	\$136,600.00	
*See reverse regarding independent expenditures.				SUBTOTAL	\$ 136,600	

Allocation Summary

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period.
(Include all Allocation Page subtotals.) \$ 136,600.00
- Contributions and independent expenditures under \$100 made this period.
(Do not itemize.) \$ --0--
- Total contributions and independent expenditures made this period.
(Do not carry this to the Summary Page.) TOTAL \$ 136,600.00

Recipient Committee Summary Page

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 1/1/99
through 12/31/99



Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Committee on JOBS Candidate Advocacy Fund

I.D. NUMBER

990831

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3 \$ 170,284.00	\$ 170,284.00	\$ 170,284.00
2. Loans Received	Schedule B, Line 7 -0-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 170,284.00	\$ 170,284.00	\$ 170,284.00
4. Non-monetary Contributions	Schedule C, Line 3 -0-	-0-	-0-
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4 \$ 170,284.00	\$ 170,284.00	\$ 170,284.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7 -0-	-0-	-0-
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6 \$ 170,284.00	\$ 170,284.00	\$ 170,284.00

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5 \$ 140,388.56	\$ 140,388.56	\$ 140,388.56
9. Loans Made	Schedule H, Line 7 -0-	-0-	-0-
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9 \$ 140,388.56	\$ 140,388.56	\$ 140,388.56
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5 1,670.00	1,670.00	1,670.00
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11 \$ 142,058.56	\$ 142,058.56	\$ 142,058.56

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17 \$ -0-	\$ -0-	\$ -0-
14. Cash Receipts	Column A, Line 3 above 170,284.00	170,284.00	170,284.00
15. Miscellaneous Increases to Cash	Schedule I, Line 4 -0-	-0-	-0-
16. Cash Payments	Column A, Line 10 above 140,388.56	140,388.56	140,388.56
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16 \$ 29,895.44	\$ 29,895.44	\$ 29,895.44
If this is a termination statement, Line 17 must be zero.			

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b) \$ -0-	\$ -0-	\$ -0-
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Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See Instructions on reverse \$ -0-	\$ -0-	\$ -0-
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above \$ 1,670.00	\$ 1,670.00	\$ 1,670.00

* From previous Statement Summary Page, Column C. However this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Non-Controlled Committees Primarily Formed to Support or Oppose Candidates in Both June and November Elections

21. Contributions Received	1/1 through 6/30 \$ N/A	\$ N/A	7/1 to Date
22. Expenditures Made	\$ N/A	\$ N/A	

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE



Statement covers period
from 1/1/99
through 12/31/99

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I.D. NUMBER 990831

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Committee on JOBS Candidate Advocacy Fund

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	See attachments				
	All contributions received through intermediary Committee on JOBS 235 Montgomery Street, Suite 1018 San Francisco, CA 94104				

SUBTOTAL \$

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 170,284.00
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ --0--
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 170,284.00

Schedule E Payments and Contributions (Other Than Loans) Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE

Statement covers period

from 1/1/99

through 12/31/99

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Committee on JOBS Candidate Advocacy Fund

I.D. NUMBER

990831

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"C" - MONETARY AND IN-KIND (NON-MONETARY)
CONTRIBUTIONS TO OTHER CANDIDATES
AND COMMITTEES

"I" - INDEPENDENT EXPENDITURES
"L" - LITERATURE

"B" - BROADCAST ADVERTISING
"N" - NEWSPAPER AND PERIODICAL ADVERTISING
"O" - OUTSIDE ADVERTISING

"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
"F" - FUNDRAISING EVENTS

"G" - GENERAL OPERATIONS AND OVERHEAD
"T" - TRAVEL, ACCOMMODATIONS AND MEALS
(MUST BE DESCRIBED)

"P" - PROFESSIONAL MANAGEMENT AND CONSULTING
SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION
(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D.
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)

IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E.
REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
P		Pillsbury Madison & Sutro LLP 50 Fremont Street San Francisco, CA 94105	\$766.65 \$424.35 \$2,576.25
C		San Franciscans for Sensible Government Political Action Committee, 550 Kearny St., Suite 1010 San Francisco, CA 94108 ID # 983233	\$30,700 \$ 5,900 \$100,000

Important: Contributions and expenditures made out of campaign funds to or on behalf of officeholders,
candidates, committees, or ballot measures must also be entered on the Allocation Page.

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)			
2. Payments made this period of under \$100. (Do not itemize.)			
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)			
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)			
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)			
	SUBTOTAL	\$	140,367.25
			140,367.25
			21.71
			-0-
			-0-
	TOTAL	\$	140,388.56

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE

Statement covers period

from 1/1/99

through 12/31/99

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Committee on JOBS Candidate Advocacy Fund

Page 6 of 9

I.D. NUMBER

990831

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
"I" -- INDEPENDENT EXPENDITURES
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"O" -- OUTSIDE ADVERTISING
"S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
"F" -- FUNDRAISING EVENTS

"G" -- GENERAL OPERATIONS AND OVERHEAD
"T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
"P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LD. NUMBER OR, IF NO LD. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)

Committee on JOBS
235 Montgomery Street, Suite 1018
San Francisco, CA 94104

IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENT ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.

CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
		Salaries for accounting and general services	\$1,670.00

Attach additional information on appropriately labeled continuation sheets.

Accrued Expenses Summary

1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.)		SUBTOTAL	\$ 1,670.00
2. Accrued expenses this period of under \$100. (Do not itemize.)			1,670.00
3. Total accrued expenses incurred this period. (Add Lines 1 and 2.)		INCURRED TOTAL	\$ 1,670.00
4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.)		PAID TOTAL	\$ 0-
5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.)		NET	\$ 1,670.00

May be a nonative number

Attachment to Form 420
 SCHEDULE A – Monetary Contributions Received

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR	OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/27/99	PG&E Employee's State/Local PAC 77 Beale St. PO Box 770000 San Francisco CA 94177		14,045	14,045	
07/20/99	Blue Shield of California 50 Beale St. San Francisco CA 94105		4,213	4,213	
07/20/99	Donald Fisher Community Property 1 Maritime Plz, Suite 1300 San Francisco CA 94111		10,000	10,000	
07/26/99	Transamerica Corporation 600 Montgomery St. San Francisco CA 94111		14,045	14,045	
07/26/99	American Industrial Partners One Maritime Plaza, 5 th Floor San Francisco CA 94111		4,213	4,213	
08/03/99	Airtouch Communications PO Box 2187 Folsom CA 95763		4,213	4,213	
08/03/99	Gap, Inc. 900 Cherry Ave. San Bruno CA 94066		8,778	8,778	
08/03/99	Providian Bancorp Services PO Box 191847 San Francisco CA 94119		4,213	4,213	
08/04/99	McKinsey & Company, Inc. 555 California St, Suite 4700 San Francisco CA 94104		4,213	4,213	
08/12/99	Bechtel Group, Inc. 4041 N. Central Ave., Ste. 1600 Phoenix AZ 85012		4,389	4,389	
SUBTOTAL			\$72,322		

Attachment to Form 420
 SCHEDULE A - Monetary Contributions Received

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR	OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
08/12/99	SBC Communications Inc./Pacific Bell 140 New Montgomery St San Francisco CA 94105		14,045	14,045	
08/12/99	Wells Fargo & Company Special Account 420 Montgomery St. San Francisco CA 94163		14,045	14,045	
08/12/99	Charles Schwab & Co. 101 Montgomery St. San Francisco CA 94104		8,778	8,778	
08/12/99	ABM Industries, Inc. 75 Broadway, Suite 111 San Francisco CA 94111		4,213	4,213	
08/17/99	Chevron Corporation PO Box 5056 San Ramon CA 94583		12,640	12,640	
08/17/99	Brobeck, Phleger & Harrison LLP One Market Plaza San Francisco CA 94105		4,213	4,213	
08/17/99	Hellman Family Revocable Trust One Maritime Plaza, Ste. 1200 San Francisco CA 94111		4,213	4,213	
08/30/99	Edgar, Dunn & Company 847 Sansome St, San Francisco CA 94111		2,107	2,107	
08/30/99	Catellus Development Corporation 201 Mission St. 3 rd Floor San Francisco CA 94105		2,107	2,107	
09/07/99	Cahill Contractors, Inc. 425 California St. San Francisco CA 94104		2,107	2,107	
SUBTOTAL			\$68,468		

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Attachment to Form 420
 SCHEDULE A – Monetary Contributions Received

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR	OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/07/99	Gensler 600 California St. San Francisco CA 94108		3,511	3,511	
09/07/99	Fremont Investors, Inc. 50 Fremont St. Ste. 3600 San Francisco CA 94105		4,389	4,389	
09/14/99	Pacific Exchange PO Box 2630 San Francisco CA 94126		2,107	2,107	
09/14/99	Shorenstein Realty Services, L.P. 555 California St. San Francisco CA 94104		8,778	8,778	
09/27/99	Williams-Sonoma, Inc. 100 North Point Street San Francisco CA 94133		2,107	2,107	
10/21/99	AT&T 795 Folsom St. San Francisco CA 94107		4,389	4,389	
11/01/99	Arthur Andersen, LLP 100 Arthur Andersen Parkway Sarasota, FL 34232		4,213	4,213	
	SUBTOTAL		\$29,494		